

Patient Name: _____

Date of Birth: _____

MISSED APPOINTMENT/CANCELLATION FEES

Grand Strand Dermatology (GSD) understands that situations arise in which you must cancel your appointment. Therefore it is required that if you must cancel your appointment, you provide more than 24-hours notice. Providing advanced notice is not only a courtesy but provides an opportunity for another patient in need to be seen. It is your responsibility to call at least 24 business hours before your non-surgical scheduled appointment to reschedule or cancel your appointment. For surgery, laser, and aesthetics appointments, it is your responsibility to call at least 24 business hours before your scheduled appointment to reschedule or cancel your appointment. Without notification, you may be subject to a cancellation or no show fee. The cancellation and missed appointment fees are the sole responsibility of the patient and are not covered by insurance. Grand Strand Dermatology understands that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval. Grand Strand Dermatology may require either a \$150 deposit or a valid credit card number to keep on file in the event such a charge is assessed for a cancellation/missed surgical appointment fee.

- **Office/Non-surgical appointments** canceled with less than **24 hours** advance-notice may be subject to a **\$50.00 cancellation fee**.
- **Procedure/Surgical appointments** canceled with less than **24 hours** advance-notice may be subject to a **\$150.00 cancellation fee**.
- **Laser and Aesthetics appointments** canceled with less than **24 hours** advance-notice may be subject to a **\$150.00 cancellation fee**.
- **No Show/Missed Appointment** fees will be \$50.00 for an office/non-surgical appointment and \$150.00 for a procedure/surgical appointment and \$150.00 for a laser or aesthetics appointment.

Payment of any outstanding missed appointment and cancellation fees will be required for scheduling future appointments. If the appointment is canceled or rescheduled in accordance with Grand Strand Dermatology's cancellation policy, the patient's deposit will be refunded via the same method of payment with which the deposit was remitted. If the patient has insurance, the deposit minus any applicable patient balance, coinsurance, copayment, and deductible will be refunded at the completion of their visit; at the time of check-out.

INSURANCE POLICY

It is GSD policy to file insurance as a courtesy to the patient if GSD has been provided with accurate and complete insurance information. It is your responsibility to confirm with your insurance company that services will be covered before seeking care. If a service is provided that is not covered by your insurance company, you will be the responsible party at the time of service. Not all insurance companies pay for physical exams, injections, labs or procedures performed in our office. Please be aware of your insurance policies; payment for these services is your responsibility at the time that they are rendered unless an agreement is made in advance with our billing coordinator. If we have not received a payment from your insurance company within thirty (30) business days, you will be responsible for the balance due. Deductibles, co-payments, coinsurance, and past due balances will be collected at the time of service. In special cases, we may need your help in contacting your insurance company for the payment of your services and, therefore, you must agree to cooperate fully in assisting us should that be necessary. Note: Laser and aesthetics services are the sole responsibility of the patient and will not be billed through insurance.

SELF-PAY PATIENTS

If you are a self-pay patient, you will be required to pay your balance in full at the time of service. All laser and aesthetics services, as well as product purchases, are required to be paid at the time of service/purchase.

CHECK POLICY

Any returned checks will be re-deposited twice and, if it continues to not clear, it will be re-applied to your account and a \$25.00 returned check fee will be added to your account as well. You will have one week to return to the office with cash or money order, and the practice will no longer be able to accept future payments from you via check.

PHYSICIAN FORMS/PAPERWORK REQUEST-FORMS COMPLETION

There is a \$30 fee for completing physician forms (e.g., Family & Medical Leave Act forms, Medical Necessity Forms, Department of Driver Services Forms, Disability Forms, Life and Supplemental Insurance forms, etc.). Your insurance company will not cover this fee. Payment in full will be collected when you pick up completed paperwork with an associated fee. Completed paperwork will not be released before receipt of payment in full of the forms completion fee.

COLLECTION AGENCY POLICY

You are financially responsible for services in the office. Furthermore, any account balance that is not paid may be sent to a collection agency. Should any delinquent account balance be referred to a collection agency, you will be financially responsible for any and all costs and fees relating to the collection of your debt. **If an account is sent to a collection agency, an additional fee (45% collection fee/interest) will be added to the ending balance of the account sent to the agency.**

Patient Signature: _____

Date: _____

Please sign, date and return form to front desk.

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TELEPHONE CALLS, MEDICATION REFILLS

Our medical support staff has been trained to answer most questions. If they are unable to answer a question, your medical record will be reviewed, and a staff member or physician will call you back.

We do not want you to run out of your medication. Please remember to call for medication refills during regular office hours. To ensure more timely refills, please call your pharmacy with the number on your prescription bottle. If your refills have expired, the pharmacy will call our office for permission to fill your prescription. Please allow 48 business hours for refills.

It is the patient's responsibility to have any required authorization form faxed to our office at 843-215-1211 by the insurance carrier each time authorization is required. Additionally, Grand Strand Dermatology does require that you allow 72 business hour for completion and turn-around of medication authorization forms, once received in our office.

For your protection, an appointment may be necessary before refilling prescriptions for some medications.

LABS, PROCEDURES, AND IMAGING

Our staff will notify you as soon as possible if any of your test results require prompt attention.

REFERRALS

Some health conditions may require us to refer you to another specialist. You should be aware of the referral policies of your insurance plan. It may limit you to seeing only specialists that are affiliated with your health plan's provider network. Obtaining a referral through your insurance plan or a specialists' office is occasionally a time-consuming process, and your patience is appreciated. We will do our best to meet your needs.

PHOTO CONSENT

I give consent for medical photographs to be made of me or my child (or for the person whom I am legal guardian). I understand that the photos will become a part of my medical record and will be used for medical record purposes only.

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Our Notice of Privacy Practices provides information about how **Grand Strand Dermatology (GSD)** may use and disclose protected health information (PHI) about you to carry out treatment, payment and healthcare operations (TPO). You have the right to review our Notice of Privacy Practices prior to signing this consent. **GSD** reserves the right to revise its Notice of Privacy Practices at any time. If we change our Notice, you may obtain a revised copy by contacting our office or by obtaining directly from our website at www.gsderm.com.

By signing this form, you consent to our use and disclosure of protected health information (PHI) about you for treatment, payment and health care operations (TPO). You have the right to revoke this consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior consent. **GSD** provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to change the Notice of Privacy Policies.
- The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions, except in certain limited instances.
- The patient may revoke this Consent in writing at any time in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

If I do not sign this consent Grand Strand Dermatology may decline to provide treatment to me.

Patient Signature: _____

Date: _____

Please sign, date and return form to front desk.